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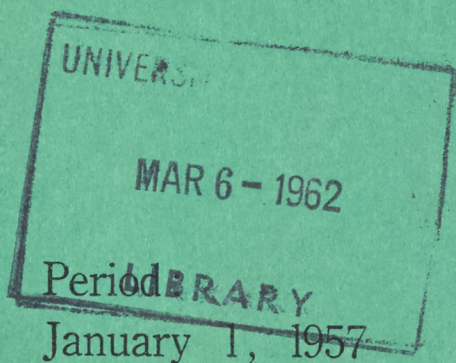


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Fourth
Annual



Progress Report



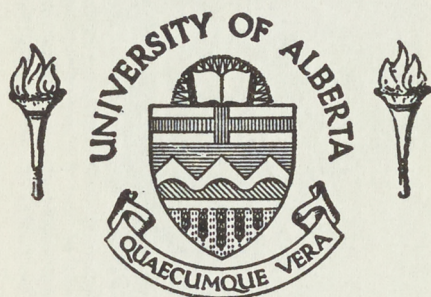
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December 31, 1957

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THE ALCOHOLISM
FOUNDATION OF ALBERTA

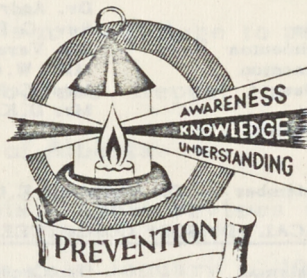
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FOURTH
ANNUAL PROGRESS REPORT

January 1st, 1957 - December 31st, 1957.

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THE ALCOHOLISM FOUNDATION OF ALBERTA

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Mr. S. Bruce Smith Vice-President
Mr. Vernon Taylor Vice-President
Mrs. C.R. Wood Honorary Secretary
Mr. S.A. Keays Honorary Treasurer
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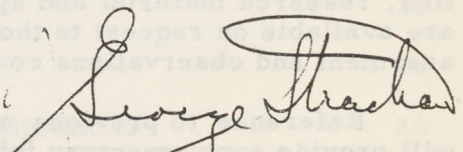
AUDITORS... McCannel, Gee and Quinn, Chartered Accountants.

To Dr. Andrew Stewart, President,
and Members of the Board of Directors,
The Alcoholism Foundation of Alberta,
Edmonton, Alberta.

It is my privilege to present the Fourth
Annual Progress Report for The Alcoholism
Foundation of Alberta.

This report reviews the activities for
the calendar year January 1, 1957 to December
31, 1957.

Respectfully submitted,

A handwritten signature in dark ink, reading "J. George Strachan". The signature is fluid and cursive, with a large loop at the end of the last name.

J. George Strachan,
Executive Director.

April 1, 1958.

269052

FOREWORD

The Alcoholism Foundation of Alberta was incorporated under the Friendly Societies Act on September 27th, 1951. In 1953 the first clinic and Provincial Administrative Centre was opened in Edmonton. A second clinic was established in Calgary in 1954 to more adequately serve the needs of the southern areas of the Province.

The Foundation is a non-profit, private agency supported by provincial and municipal grants, and membership donations from associations, companies and individuals. Through its two Centres The Foundation maintains broad programs of education, treatment and research. The goal of these programs is the prevention of alcoholism.

A nominal fee is charged for patient services. This covers medical examination, counselling and group therapy services. Medication, if prescribed, is paid for by the patient at minimum cost and welfare assistance may be extended under certain circumstances. In no case is a patient denied treatment for alcoholism because of inability to pay. There is no charge for guidance services provided to relatives, friends, employers, or any collateral contacts.

The Foundation operates as a completely separate entity from Alcoholics Anonymous but it works to achieve results conjunctively with this fellowship.

Appendices to this Fourth Annual Report containing statistics, research material and specific program recommendations are available on request to those interested in more detailed assessment and observations concerning trends and activities.

Reference to previous annual reports of The Foundation will provide supplementary information regarding program development.

TABLE OF CONTENTS

	Page
THE FOUNDATION'S APPROACH TO ALCOHOLISM	6
PRESIDENT'S MESSAGE	7
EXECUTIVE DIRECTOR'S REPORT	9
1957 Programming and Activities	10
Personnel	11
The Canadian Scene	11
Future Programming	13
The Prevention of Alcoholism	13
Conclusion	14
TREATMENT ACTIVITIES	15
Approach and Procedure	15
Treatment Services Rendered	16
Techniques	16
Classification	17
Total Patient Load	17
Distribution of Patient Load	17
Patients Treated During 1957	18
Fee Charging	18
Welfare Policy	19
Progress Trends	19
Patient Data	22
MEDICAL ACTIVITIES	24
Medical Statistics	25
EDUCATIONAL ACTIVITIES	26
Literature and Publications	26
Conferences	26
Public Talks	27
Audio Visual Aids	27
Advisory Services	27
Educational Statistics	28
RESEARCH ACTIVITIES	30
PERSONNEL	32

THE FOUNDATION'S APPROACH TO ALCOHOLISM

1. The Foundation recognizes alcoholism as a treatable illness and as a public health problem of first magnitude, and therefore, a public responsibility.
2. The Foundation regards the alcoholic as a sick person who can be helped and who is well worth helping.
3. The Foundation's approach is professional and non-controversial. It takes the side of neither the "wets" nor the "drys".
4. The Foundation is concerned with problem drinking and primarily with the illness, alcoholism.
5. The Foundation deals with the problems of alcohol only as they are related to problem drinking.
6. The Foundation's long range goal is the prevention of problem drinking and alcoholism through its three-point program: Education, Treatment, and Research.

PRESIDENT'S MESSAGE

With the end of the year 1957 The Alcoholism Foundation of Alberta completed four and a half calendar years of operation. In that time a position of strength and community prestige has been achieved. Our treatment facilities have received wide recognition by others working in this field and our personal successes in the treatment of patients have been most gratifying. Foundation publications and literature on the many aspects of alcoholism have received wide distribution both to the general public and professional groups. Research planning has progressed to the point where we are now ready to develop a total research program.

Our achievements to date have been largely due to the constant interest, cooperation and support of the Board and Executive Committees, and to the zealous and resolute endeavors of the Executive Director and his competent staff.

Heartening as our progress has been, we are also fully cognizant of the need for further planning and development in all areas of our work, education, treatment and research, to achieve the over-all approach necessary toward a solution to the problem of alcohol and alcoholism. In the constant effort to effect a more amenable and understanding public attitude toward problem drinking, we need to expand our educational programming to provide for the preparation and distribution of more literature, particularly specialized publications to specific groups and organizations. We need to extend our treatment services to include programming for institutions as well as to provide more adequate assistance to people in the outlying areas of the province. With the establishment of an organized research section within The Foundation, we can begin to make a very real contribution to the field of alcoholism study. A great deal of planning and thought has already been given to this area of effort. Members of our Medical Advisory Committee have long been interested in the development of such a program and the various faculties of the university as well as other interested people in the province have expressed the wish that we might soon find the means of undertaking specific research projects.

A prerequisite of program expansion is that of adequate funds. While most appreciative of the provincial grant and the efforts of our Finance Committee in procuring membership donations, we are very much aware of the need for additional sources of financial aid. There is also the difficulty of obtaining trained personnel in this field and a program of in-service training must be instituted to augment this shortage.

During 1957 the Executive Director and members of his staff travelled extensively in the province acquainting the various communities with the problems of alcoholism and with the objectives and facilities of The Foundation. Addresses were made to professional societies, church, civic and young people's groups,

Alcoholics Anonymous, and other interested groups. In October, the Executive Director attended the North American Association of Alcoholism Programs meeting in Berkeley, California and participated in several Alcoholics Anonymous conferences in the surrounding area. He also visited many related alcoholism programs obtaining information and observing progress trends which will aid considerably in additional program planning for Alberta as funds become available.

My first year as President of The Foundation has been a most interesting and informative one in which I have received many personal gratifications. The results achieved in this complex and controversial work are truly amazing. At all times in the discharge of my duties I have been ably assisted by members of the Board and various committees as well as having the very close cooperation of the Executive Director and the staff of The Foundation. I would also extend to the Honorable Dr. J. Donovan Ross, our past President, my appreciation for his constant and energetic support. His knowledge, understanding and guidance of the work of The Foundation are invaluable.

To the citizens of Alberta who have demonstrated such an interest in this work, we pledge renewed efforts in the year ahead; to continue to broaden our activities and implement all phases of our work in order to achieve the comprehensive program that we have envisaged as a part of our philosophy, and to continue with every means at our disposal to work toward the ultimate goal, the prevention of alcoholism.

Andrew Stewart,
President.

EXECUTIVE DIRECTOR'S REPORT

I am pleased to submit the following review of activities of The Alcoholism Foundation of Alberta for the calendar year January 1, 1957 to December 31, 1957.

We have come a long way in our operations to date and feel that we have accomplished quite economically a program which has materially benefited the Province through the people it has rehabilitated as useful, self-sustaining and respected citizens. We have recoveries in every level of society and we are continually receiving letters of commendation and gratitude from every area of the Province. It is encouraging to know that the social stigma surrounding this illness is gradually breaking down and there does now exist a constantly improving and understanding climate of operation in Alberta.

Contributing in a large measure to the success of our efforts has been the generous support and cooperation of the Provincial Government and the help granted from the Cities of Calgary and Edmonton. Supplementing this has been the support received from associations, companies and individuals throughout the Province. Without prejudice and in a most sincere and generous manner they have given of their time energies and monies to annually sustain the work of The Foundation. We also respectfully acknowledge the long hours of voluntary effort, the devoted interest and excellent cooperation received from the Board, the Executive and Advisory Committees of The Foundation. Aiding immeasurably in the implementation of our program has been the loyally dedicated and conscientious support of The Foundation staff which has resulted in the establishment of a professional approach towards alcoholism throughout Alberta.

The prospectus and programming of The Foundation has initially been concerned with the development of a remedial program, one that would attempt to deal with the problems as they exist today and that would begin to expedite services necessary to the recovery of most people, facilitate the distribution of available knowledge to all those needing and seeking it, and thereby expand the avenues of help and hope.

The theme of approach was, and still is, "Awareness, Knowledge and Understanding". Besides setting up treatment programs to assist the problem drinker and providing guidance for collateral contacts, The Foundation undertook to develop a public awareness to the problem of alcoholism as has been done with other illnesses. Accordingly, its program has been geared to extending all available information to all concerned with the certainty that awareness and knowledge will lead to public understanding, earlier treatment, increased research facilities and eventually to a final hope of achievement, the prevention of alcoholism.

The need for The Foundation is constantly being reflected

by the continuing and growing demand for services. To date, The Foundation has been in contact with over 3,000 problem drinkers. Records show that we are achieving an average 'recovery trend' for those patients who have received treatment of better than 50%. As a result of the information and public relations work being carried on, we find that a measure of prevention can be observed even at this early date. Our patients come to us earlier, their addiction less firmly established, before families are broken up, material possessions and jobs lost - before they have become community welfare charges or drifted into the 'prison population'.

However, in all honesty, we can only say that as much as we know and in spite of our many activities, we have only started the job that needs to be done. We realize that our program should be continually assessed and our results evaluated factually, specifically and honestly. We must be critical of our methods and results even as we objectively commit ourselves on the value of our work. Others working elsewhere on these problems need the assurance of our convictions, the benefits of our mistakes, and the strength of our achievements.

1957 PROGRAMMING AND ACTIVITIES

In reviewing Foundation activities year by year it is apparent that some treatment and educational activities were reduced in 1957. It was necessary to curtail many activities this past year in order to achieve a balanced budget. The deferment of major educational services, such as the annual conference, specialized seminars and publication of new literature, was thereby reflected in a reduced intake.

However, it should be pointed out that in no way were services curtailed to the individual or collateral contact seeking assistance or guidance. By correlation of activities and as a result of the spirit and cooperative effort of staff, all treatment services were maintained. More group therapy was accomplished, necessitated by the non-replacement of some lost staff and the reduction of some individual counselling.

During the past year more effective and accurate methods of recording and evaluating the results of treatment procedures, a detailed study and subsequent revision of the system of recording, classifying and filing patient treatment status data and progress trends were carried out. Considerable effort was directed toward internal assessment in order to present a comprehensive survey of our program with recommendations for future development.

A booklet, "Medical Treatment of the Alcoholic" and a bibliography of select material for the Medical profession were prepared and distributed at the annual meeting of the Canadian Medical Association held in Edmonton in June of last year and sent out to all physicians in Alberta. A "Five Year Review" covering all aspects of the policies, progress and future programming recommendations of The Foundation was prepared as a report to the

Provincial Government.

The Executive Director attended the North American Association of Alcoholism Programs conference held in Berkeley, California from October 28th to 31st, 1957. A report on the functions and activities of The Alcoholism Foundation of Alberta was presented.

While in California, the Executive Director participated in many Alcoholics Anonymous conferences and was principal speaker at the Northern California Conference held in Eureka October 5th and 6th, 1957.

In addition, visits were made to penal institutions in California, where possibly the most advanced thinking in the penal field is taking place, and to numerous Half-Way House programs. From these inspections much information was obtained which will be invaluable in future alcoholism programming in the Alberta correctional field.

PERSONNEL

Staff changes this past year were primarily in the Medical Department. We lost the services of Dr. W.H. Mulloy as consultant physician at the Calgary Centre due to pressure of his personal business. Dr. Mulloy gave us unstintingly of his time and energies and his resignation was reluctantly accepted. However, we were fortunate in obtaining an excellent replacement in Dr. E. W. Nation who has shown a keen interest in the alcoholism field. Nursing personnel in both Centres were replaced due to staff resignations.

Treatment staff members lost to us in the previous years were not replaced, nor did we augment Treatment Services with in-service trainees in these past eighteen months.

THE CANADIAN SCENE

Present day trends in the United States and Canada are to a more enlightened approach in the entire field of alcoholism. More is being done and the necessity for still greater efforts at all community levels is becoming increasingly apparent. Almost every state and province have instituted program planning in this field. In Canada, the provincial directors of existing programs have a national body known as the Canadian Council on Alcoholism for the exchange of ideas and pertinent information on alcoholism and the encouragement of new program planning in areas of need.

At the annual meeting held in Vancouver in November of 1957, consideration was given by the directors to the need for formalizing the present council or for sponsoring a new body making it broader in scope, to include along with directors, specific members of the board or executive of provincial programs.

Such an organization is now in the planning stage. Its inception will ensure recognition of the Canadian Council on Alcoholism as a representative and meaningful national body which can effectively work to achieve the following objectives:

1. To develop policy and procedure for new programs and to facilitate cooperation among existing programs.
2. To develop activities among provincial programs and the Federal Government and national organizations and industries.
3. To obtain financial support from the Federal Government and national organizations and industries. This could be apportioned provincially to assist each program and/or allocated to a specific national project which would benefit all Canadians.

Increased public enlightenment on alcoholism in Canada has brought an awareness of problem drinking situations and pointed up the urgency of recognizing the problem and so devising methods to deal with this major social disorder.

There has been a continuing and growing interest in this field by all branches of the Canadian armed forces. Orientation meetings have been held with welfare, social and medical officers of the various services to acquaint them with all facets of the problem. It is anticipated that the coordinating efforts now in the development stage of personnel with the armed forces will result in a new over-all approach. Problem drinking will no longer be just a disciplinary issue in the forces but will be recognized as an illness and encouragement will be given the alcoholic to seek treatment for it.

The policy that the Federal Civil Service established, following a workshop on alcoholism, is regarded as an excellent approach to problem drinking and is considered an ideal model for any industrial program on alcoholism. Already requests for copies of their policy are being received by interested organizations.

To coordinate Canadian efforts with those of State programs, all existing provincial programs on alcoholism cooperate with the North American Association of Alcoholism Programs, an international body for the exchange of pertinent data and information regarding organization policies and methods relating to all North American programs on alcoholism.

Through the efforts of Canadian directors, a greater measure of recognition was achieved for Canadian programs through a change of name for this organization from the National States Council on Alcoholism to the North American Association of Alcoholism Programs. A revision of the bylaws for this association to include Canadian programs was a result of the work of the Organization Committee of which the Alberta Executive Director is Chairman.

The Foundation is also an affiliate member of the National Council on Alcoholism.

FUTURE PROGRAMMING

Having achieved a position of acceptance and prestige in our own right, we feel that The Foundation is sufficiently established to seek and gain support for further activities in the prevention of this major health problem.

Our future programming will be planned toward areas of recognized need, such as:

1. The establishment of a travelling service unit to serve the outlying areas of the province. Such a unit would give to the smaller communities of the province the service they have been requesting and would help existing agencies in these areas by orienting them to the problem and the manner of coping with it.
2. The implementation of conferences and seminars in all future program planning. Requests for area seminars from individuals representing social workers, clergy, nurses, magistrates, and teachers, must be fulfilled if we are to meet the pressing need for information concerning alcoholism.
3. The provision of advisory personnel to assist in developing programs within our institutions, hospitals, and sanatoria. Many patients have alcoholism as a related illness and, in many cases, alcoholism is the primary reason they are institutionalized.
4. The expansion of orientation courses already initiated in the medical, correctional, ministerial, social work, educational and personnel fields.
5. The development of a total provincial research program.

THE PREVENTION OF ALCOHOLISM

Through a three-point program of education, treatment and research, The Foundation is directing its efforts toward the eventual prevention of alcoholism.

We find today, with the conquering of the dread disease poliomyelitis, that we are relatively free of one of the most fearsome scourges of mankind. An examination of the research work that was carried on in this particular field would reveal, with all due credit to the efforts of Dr. Jonas Salk, that the polio vaccine was in reality developed not as the work of one man but as the result of many men working over a period of many years. Research was slow and costly, at times heartbreaking, but through a seemingly endless process of trial and error and through the dedicated purpose of workers in this field, there emerged certain basic concepts about the disease and it remained for Dr. Salk to complete the work begun so long ago.

The problem of alcoholism is a similar task. It requires research and study on the part of many individuals who will move in many directions and follow many blind alleys before the true causations of this illness will emerge and lead to ultimate prevention.

Funds are urgently needed for alcoholism research, as were required in polio studies. We all remember the polio drives, the posters, and the appeal evoked by the sight of a crippled child learning to walk again. As a result, people gave and gave generously in a strong emotional response to this campaign. We need to reach the people with our own appeal. Certainly few diseases are so costly to the individual, family and community as alcoholism. We need to arouse such awareness, knowledge and understanding of this great need that public apathy will be changed to concern, as it was in the successful fight against polio. Only in this way can we eventually hope to achieve the prevention of alcoholism.

CONCLUSION

We feel that here in Alberta we have available the resources, abilities and the climate of operation necessary for an intensive program to combat this serious medical, legal and social problem. These things must be done without controversy. A dire need is that of personnel and the correlation of active programming. We need to provide people to work with, orient, and coordinate the training and activities of all other facilities and resources working in a community area.

To accomplish this we need the moral and active support of the people of our province and we also need the financing necessary to achieve not only a program for today but one that can conservatively grow to meet the needs of tomorrow.

J. George Strachan
Executive Director.

TREATMENT ACTIVITIES

APPROACH AND PROCEDURE

Treatment staff offers counselling services to the family, friends, or employers of the problem drinker as well as to the patient who comes to The Foundation for help.

Every effort is made to have the new person feel welcome and comfortable. The physical surroundings were chosen with a particular purpose in mind. Both buildings that were obtained are large, beautiful residential homes that have been converted to our needs. They have pleasant surroundings, attractive furnishings and denote an atmosphere of quiet dignity. We feel that this physical setting is an important factor in promoting a favorable response by the problem drinker when he arrives at the clinic.

The role of the receptionist is an important one as we emphasize a warm and sincere reception to every patient. Every effort is made to keep all appointments at a scheduled time. In general, the purpose is to have the patient feel that his needs in the first period of sobriety are very important.

Intake procedure is based on the personal rather than on the questioning level. The patient is made to feel that he is relating his personal history so that we will be in a position to help him understand and help himself. This is as opposed to the mere extraction of historical background for recording purposes - a procedure that can be so distasteful and frightening to the person who has finally made the first constructive step.

The initial approach of the intake counsellor is to deal with the immediate situation - to convey to the patient that alcoholism is a problem that is understood by us and that we are in a position to help him have a happy future.

After the patient has been interviewed in Intake, he is referred to the Medical Department. Good physical health is essential to the well being of the problem drinker, and the medical staff help to make this possible. The function of the Medical Department is presented in the section, "Medical Services".

TREATMENT SERVICES RENDERED

TABLE 1

COUNSELLOR ACTIVITY, COMBINED CENTRES	1957	Inception to date
Interviews re Patients	5,559	27,560
Telephone Calls re Patients	5,885	23,533
Mail re Patients	2,246	7,475
Staff Consultations re Patients	932	2,835
Group Counselling Sessions	345	1,348
Staff Conferences	515	1,616

TECHNIQUES

The treatment program is flexible enough to meet the demands of each patient. There are two types of counselling-personal and group:

Personal: This type of interview includes meetings of the patients with the doctor, nurse and professionally trained counsellors. Individual interviews are also held with all those concerned - relatives, friends, doctor, employer or with whomever the situation demands.

Group: Regular group counselling sessions are conducted for the patients throughout the year. During their initial period of treatment patients are encouraged to attend the Initial Groups, a series of six meetings held two evenings a week for three weeks. They may then enroll in one of the Intermediate Groups which meet once a week for a recommended minimum time of eight weeks.

Patients are encouraged to bring their wives or husbands to the Initial Groups and may, subject to counsellors' approval, join in the Intermediate Group.

Patient response to group meetings, as indicated by their attendance and comments, has been very favorable. In addition to the therapeutic benefit of group work, the Intermediate Groups have been effective in helping to maintain contact with more patients for a longer period of time. The Initial Groups are frequently used by ex-patients and members of Alcoholics Anonymous to introduce new patients to the clinic.

Every effort is made to institute an early referral of the patient to Alcoholics Anonymous. This may be done through a personal 'sponsor' or to a group.

CLASSIFICATION

Problem drinkers are classified as enquiry, applicant or case, according to the following criteria:

Enquiry: Enquiry status is assigned to problem drinkers known to The Foundation as the result of contact with family, friends, doctors, employers or others by interview, telephone and correspondence.

Applicant: Applicant status is assigned to problem drinkers who have been interviewed by a member of treatment staff at The Foundation or where the interview outside The Foundation is at the patient's request.

Case: Case status is assigned to problem drinkers after a minimum of three reasonably consecutive sober treatment interviews. All patients who have had five reasonably consecutive sober treatment interviews, and have further interviews scheduled, are assigned case status.

TOTAL PATIENT LOAD

TABLE 2

MALE - FEMALE RATIO	1957	Inception to date
Male	492	2,823
Female	77/14%	259/8%
TOTAL	569	3,082

DISTRIBUTION OF PATIENT LOAD

TABLE 3

DISTRIBUTION OF PATIENT LOAD, COMBINED CENTRES	1957	Inception to date
Enquiry Status	164	590
Applicant Status	237	1,470
Case Status	168	1,022
TOTAL	569	3,082

PATIENTS TREATED DURING 1957

TABLE 4

ACTIVE PATIENT LOAD - 1957 APPLICANTS AND CASES	Edmonton	Calgary	Total
Active Patient Load from 1956	81	42	123
New Applicants and Cases	237	168	405
Reopened Applicants and Cases	101	76	177
TOTAL	419	286	705

FEE CHARGING

As an integral part of therapy, The Foundation encourages the patient to contribute financially toward his recovery. In establishing the philosophy for fee charging, the following four points have been considered:

1. Payment for services is an accepted pattern of our culture.
2. Fees assist the therapeutic process by stimulating the client toward a more meaningful and concentrated effort on his part.
3. A wider segment of the community will utilize social agencies if the 'stigma' of 'charitable' assistance is not a part of the service. Payment for services also implies greater confidentiality to the patient.
4. The charging of fees for service gives casework on alcoholism a status on a par with other community professional services.

A service fee of \$10.00 is made to the patient for medical examination, counselling and group therapy services. Medication, if necessary, is provided at minimum cost. No patient is ever denied treatment for alcoholism because of his inability to pay.

An important function of The Foundation is to provide information and guidance services to collateral contacts for which there is no charge.

This policy enables The Foundation to make its services available to all who need them.

WELFARE POLICY

The revisions in welfare policy instituted during 1956 were continued and amplified over the past year.

The rather liberal policy regarding welfare assistance followed in the past had been abused by patients whose only incentive in seeking treatment at The Foundation was the procurement of material aid. Steps were taken to alleviate this problem through the following measures:

1. The issuance of welfare aid on the basis of the first interview or to those who had previously misused such assistance was discontinued. Instead, indigent alcoholics were referred to the community resources who deal specifically with welfare needs.
2. Welfare assistance is now only granted under special circumstances and on the recommendation of the counsellors when they feel the patient has demonstrated a sound motivation for continuing treatment.

The success of this new policy has been reflected in the discouragement of many whose only inducement was the material assistance given.

PROGRESS TRENDS

The reported recovery trend of patients is confined to an evaluation of those attaining case status in the belief that the only valid assessment of program effectiveness is reflected by the record of those exposed to a significant degree of treatment.

In addition to clearly defined criteria for case status, The Foundation has adopted the following standards for assessing and reporting patient progress:

Very Good Recovery: This category may be assigned following a minimum of twelve months continuous sobriety plus marked improvement in the social, vocational, and marital status.

Progressive Recovery: This category may be assigned following a minimum of six months continuous sobriety plus marked improvement in one or more other areas.

Partial Recovery: This category may be assigned where drinking has been markedly reduced, and a sincere effort is being made to achieve further reduction in the amount and frequency of consumption.

Unimproved: This category is assigned when the case fails to persist in treatment and/or is unsuccessful in attaining one of the defined levels of recovery.

Other Problems: This category is assigned where there are apparent physiological, psychological or social complications which preclude treatment for alcoholism at the present time.

Active: Active cases include the new and reopened files of those patients actually undergoing therapy.

Although a progress category is not assigned to active cases, the number of such cases is included in percentage calculations in order that the most conservative assessment of recovery may result. During 1957 a further modification of assigning progress classification (on the basis of recent or no recent contact) was instituted. Definition, methodology and results of this revised policy are detailed in an appendix of this report, available on request.

Despite the rigid criteria adopted, it is possible to report a steadily increasing ratio of recovery among case status patients. 47% of patients were in the 'Recovery Indicated' category at the close of 1955. On December 31, 1956, 50% of cases were so classified, and by the end of 1957 the proportion had risen to 53%.

TABLE 5

PROGRESS TRENDS OF CASE STATUS PATIENTS COMBINED CENTRES TO DECEMBER 31, 1957.	N:-1022 (100%)
Very Good Recovery	15%
Progressive Recovery	12%
Partial Recovery	26%
TOTAL: Recovery Indicated	53%
Unimproved	29%
Other Problems	7%
TOTAL: No Recovery Indicated	36%
Active Cases	11%

Initial treatment, whether hospital or out-patient, is only the beginning of recovery. Abstinence and discharge from a clinic do not imply a program of sobriety. In the truest sense, treatment means restoring the individual to the fullest physical, mental, social and economic usefulness of which he is capable. There is no single road to this goal. Minimal requirements consist of physical health, rest and food; a relaxation of guilt feelings; a developing sense of self discipline; a realistic perception of the world around him and the part he has to play in it; and a reintroduction into social groups.

The Foundation is convinced that the most effective treatment of the alcoholic results from clinical teamwork, that is the combined efforts of the physician, nurse, consultant psychiatrist, psychologist, and social worker, in conjunction with Alcoholics Anonymous and other available resources. The alcoholic usually requires the understanding and support of his family, his employer, and his spiritual adviser. The emphasis in treatment is determined by the needs of the 'whole' individual, and thousands of recovered problem drinkers are striking evidence that alcoholics can be completely rehabilitated.

PATIENT DATA

TABLE 6

PATIENT DATA			1957	Inception to date
Sex	Male		89.1%	92.1%
	Female		10.9%	7.9%
Age	Male		40.0 yrs.	40.0 yrs.
	Female		40.5 yrs.	38.1 yrs.
Race	White		98.3%	96.7%
	Non-White		1.7%	3.3%
Religion	Protestant		75.8%	70.0%
	Catholic		22.9%	29.0%
	Other		1.3%	1.0%
Marital Status	Single		19.5%	23.0%
	Married		57.1%	50.4%
	Divorced/Separated		20.4%	23.3%
	Widowed		3.0%	3.3%
Occupational Classification	Professional	Present	17.8%	16.2%
	Executive			
	Managerial	Regular	20.2%	17.2%
	High Skilled	Present	18.1%	20.2%
		Regular	19.5%	21.0%
	Semi-skilled	Present	18.1%	19.0%
		Regular	18.8%	21.3%
	Sales-Clerical	Present	18.6%	17.5%
	Regular	16.8%	17.8%	
	Agricultural	Present	1.8%	3.6%
		Regular	2.0%	3.9%
	General Labour	Present	25.6%	23.5%
		Regular	22.7%	18.8%

TABLE 6

PATIENT DATA		1957	Inception to date
Employment Status	Employed _____	--*	46.3%**
	Unemployed _____	--	53.6%
Drinking History	Years Drinking _____	18.6%	18.0 yrs.
	Years a Problem _____	8.0 yrs.	7.1 yrs.
Source of Referral	Alcoholics Anonymous	36.5%	37.6%
	Publicity	13.8%	12.2%
	Personnel	6.0%	3.4%
	Medical	15.1%	11.2%
	Clergy	2.3%	2.5%
	Legal	2.3%	2.0%
	Agency	5.8%	17.7%***
	Friend	11.4%	9.0%
	Other	6.8%	4.4%

* 1957 data unavailable

** Inception to December 31, 1956

*** Agency referrals, inception to date, are unduly weighted by participation in The Belmont program for incarcerated alcoholics. Such 'penal' referrals have been of insignificant proportions since April 1, 1956.

MEDICAL ACTIVITIES

The physician and nurse are an integral part of the clinical treatment and therapeutic team. Alcoholism is now recognized as a most complex illness which can be arrested only through treatment of the physical and emotional problems that accompany it.

When patients are nervous, shaky, nauseated, unable to sleep and emotionally disturbed, they present a problem that requires medical evaluation and treatment. A nurse is on duty at The Foundation at all times during the day. A physician is on duty on a part-time basis and on call for consultation or emergency visits.

Unless there are very strong medical and social reasons, it is not the policy of The Foundation to hospitalize patients. When hospitalization has been necessary, the authorities have been very cooperative and the care of the alcoholic in hospitals has not been a problem.

The Medical Department is making a worthwhile contribution in the area of physical treatment of the alcoholic through observation of patient response to various trial drugs. By keeping complete records of the results, evaluation and surveys have been made on the relative merits of various preparations. In this way the Medical Department is able to form an impression of what medications seem to be most beneficial.

The Foundation has two consulting psychiatrists who provide the two Centres with in-service training and patient consultations. In-service training provides treatment staff with information concerning theories of personality dynamics. Such knowledge enables each counsellor to understand the causes and perpetuating factors in the patient's unresolved personality conflicts. This, in turn, helps the counsellor to guide the patient to a more satisfactory solution to the underlying problems of his drinking pattern.

Not infrequently, individuals with problems which do not primarily arise from the excessive use of alcohol come to The Foundation for treatment. The psychiatrist is able to aid the treatment staff in the referral of such persons to other agencies where they can receive help appropriate to their difficulty.

Through the cooperation of The Foundation's Medical Advisory Committee and Medical Subcommittee on Treatment, an important role is served in imparting information to the medical profession throughout Alberta.

These committees make recommendations and suggestions regarding medical, treatment and education policy, and strive for the development of a better rapport with and attitudes among professional and industrial groups.

TABLE 7

MEDICAL ACTIVITIES, COMBINED CENTRES	1956	1957
Number of Individual Patients Seen	600	721
Number of Patient/Doctor Interviews	508	456
Number of Patient/Nurse Interviews	1,362	1,425
Number of Physical Examinations by Doctor	248	187
Number of Patient Laboratory Examinations	249	173
Number of Separate Issues of Medications	1,556	1,196
Number of Patients Hospitalized for Alcoholism	21	20
Number of Consultations with Other Physicians	42	35
Number of Patient/Psychiatrist Interviews	67	26
Number of Staff/Psychiatrist Consultations re Patients	125	138

EDUCATIONAL ACTIVITIES

Public education is the cornerstone of any effective program of treatment and a major step toward a solution for the prevention of alcoholism. Only through an extensive educational program, geared to reach every level of community life, can we hope to effect a change in social attitudes and thus remove the stigma, ignorance and emotional conflict about alcoholism that has existed down through the years. General awareness, knowledge and understanding of the illness will make it possible for all community resources to take coordinated and constructive action toward the prevention of this major social disorder.

Basic to this approach is the dissemination of information regarding alcohol and alcoholism to specialized professional groups and to the general public. The Foundation, through its Educational Services Department, is designed to provide this service by utilizing the media of literature and publications, conferences, public addresses, audio visual aids, and advisory services.

1. Literature and Publications: Pamphlets covering various aspects of the problems of alcoholism have been prepared and published by The Foundation and are receiving wide distribution. Others are visualized, or in process.

This past year, a booklet, "Medical Treatment of the Alcoholic" was published by The Foundation for distribution at the Canadian Medical Association meeting in Edmonton and a bibliography of select material on alcoholism was compiled for the medical profession. The booklet and bibliography were also distributed to the interns in all Alberta hospitals.

A resumé of the functions and activities of The Alcoholism Foundation was prepared for presentation at the North American Association of Alcoholism Programs meeting in Berkeley, California in October, 1957.

A 'Five Year Review' of activities, progress and future programming recommendations of The Foundation was prepared as a report to the Provincial Government.

The Foundation maintains an up to date classified reference library for special studies by professional groups. Also established is a reading library for patients which has met with gratifying response.

2. Conferences: In previous years provincial conferences covering special problems on alcoholism pertinent to specific groups were held in cooperation with the Department of Extension, University of Alberta. These were well received and attained wide recognition. A cutback in educational services in order to achieve a balanced budget necessitated the precluding of a conference from our 1957 agenda.

However, The Foundation participated in several special activities to promote information about alcoholism, such as: -

- a. A two day seminar on 'Mental Health, Business and Industry' sponsored by the Canadian Mental Health Association, Edmonton Branch, in May of 1957.
- b. The Hi-Y Clubs Provincial Conference sponsored by the Y.M.C.A. in Calgary, November and December, 1957.
- c. A Social Worker's Workshop held in Edmonton in November 1957.

3. Public Talks: A general public awareness to the problem of alcoholism has been reflected in the increased demand for more information about this costly illness. To maintain and foster this interest Foundation staff members have addressed professional, church and civic bodies, Alcoholics Anonymous, student, industrial and business groups, and service clubs throughout the province.

4. Audio Visual Aids: Films, tapes, records, displays and books are available on loan. A reference library for both patients and professional use is maintained.

The cooperation of the press, radio and T.V. stations has been enlisted in the reporting of The Foundation's activities to the community, and they have been most helpful and considerate in this endeavor.

This past year a special display on alcoholism was prepared for the annual meeting of the Canadian Medical Association meeting held in Edmonton and was most favorably received.

5. Advisory Services: The Foundation acts in a professional capacity to advise and assist other groups of the community in the methods that can be used to deal effectively with the problem of alcoholism.

Special orientation courses have been prepared for nurses, welfare workers, clergymen, students, business and industrial associations, and Alcoholics Anonymous groups.

Through mailings and personal contacts the services of The Foundation are accessible to any individual or group seeking direction and guidance in this particular field.

During 1957 The Foundation acted in an advisory capacity with the United Church in planning a program for a hostel.

Requests are received for literature, talks and information about alcoholism from every area in the province. The variety and number of requests indicate the urgent need for the extension of such services.

The Foundation has always been cognizant of the importance of public relations in its broad field of alcoholism programming. From the interest and understanding engendered throughout the community, a greater recognition of public responsibility is envisaged and a greater measure of prevention in this public health area will be achieved.

TABLE 8

EDUCATIONAL ACTIVITIES COMBINED CENTRES	1957	Inception to date
Public Talks	122	402
Public Talks Attendance	9,502	24,781
General Literature Distributed	18,243	147,779
Patient Literature Distributed	2,877	16,399
Special Notices, Bulletins & Circulars	1,219	48,975
Radio & T.V. Programs Sponsored by A. F. A.	4	190
Telephone Calls, Letters & Interviews re general Education Services (including telephone calls, letters & interviews re conferences)	1,877 [*]	11,778

* It should be noted that a conference was not sponsored in 1957.

The number of public talks, attendance and literature distributed during the year by classification of recipients is worthy of notice.

**PUBLIC TALKS, BY GROUPS, ATTENDANCE
AND LITERATURE DISTRIBUTED**

TABLE 9

GROUP	Number	Attendance	Literature
Church	10	335	1,077
Medicine	30	386	1,727
A.A.	50	5,938	852
Service Clubs	8	276	1,013
Business	3	137	224
Education	8	2,087	461
Government	4	167	150
Other Programmes	3	56	429
Agencies	4	110	144
Publicity	2	10	30

RESEARCH ACTIVITIES

Research is a fundamental part of any alcoholism program. Intensive efforts and observations in this field and careful evaluation of the results will bring us continually closer to our long range objective of complete knowledge concerning the illness, alcoholism.

Of necessity, Foundation programming gave precedence to treatment services as the area of most pressing need. In considering the initial research program for The Foundation it was deemed advisable to attempt only such research as would assist in the assessment of the over-all program being evolved. Accordingly, educational and research activities were developed as one phase. However, the need for specialized research is very apparent and imminently necessary if we are to give to the people of Alberta that information they request and need to properly deal with the problem at hand.

In addition to the maintenance of a classified reference library, The Foundation subscribes to Yale University's "Classified Abstract Archive of Alcohol Literature" and maintains the only set of such punch cards in Western Canada. This systematic preparation for more ambitious and publicized projects has resulted in the establishment of facilities and standards which hold promise of providing the field with research activity of the highest calibre.

The need for factual information in a highly controversial field has been clearly demonstrated by the nature and frequency of requests for information concerning consumption data, legislation, incidence of alcoholism, evaluation of treatment techniques and an infinite variety of topics which require careful investigation.

A broad research program is envisaged in the basic disciplines of medicine, psychology, and sociology, utilizing a wide range of community resources and specialist consultants. A broad outline of proposed research may be summarized as follows:

a. Medical Research - It is hoped to provide original contributions in the fields of physiology, biochemistry, pharmacology and medical treatment of alcoholism and its attendant complications.

b. Psychological Research - This is needed if we are to use our treatment facilities to the utmost advantage. Consideration should be given to studies of causation, methods of diagnosis, factors involved in motivation, effective treatment methods and efficient procedures.

c. Sociological Research - The sociology of alcoholism, including economic factors in both the use of and abuse of alcohol, cultural factors, the incidence of alcoholism in relationship to vocational status, should be investigated. Legal aspects, including legislation, law enforcement and penal rehabilitation together

with studies of in-patient and out-patient voluntary approaches to treatment would have tremendous significance in a research program.

Enabling funds will be sought from all areas, particularly among those industries and organizations with a demonstrated interest in the problems of alcoholism. Grants for specific or general research, either fundamental or applied, will be gratefully received with but one proviso: The Foundation's program must be permitted every privilege of scientific investigation and reporting. The objectives of research must be accepted as requiring the highest ethical standards of free inquiry, with hypotheses, theories and facts pursued and reported without bias.

It is our belief that the organizational phase of research is now near completion and future progress is dependent primarily upon obtaining funds for staff and the opportunity to initiate specific projects.

THE ALCOHOLISM FOUNDATION OF ALBERTA

PERSONNEL

(as of April 1, 1958)

Name:	Position:	Location:
BALDWIN, Miss Thelma	Secretary	Edmonton
BELL, David M., M.D.	Medical Director	Edmonton
BELLWOOD, Mrs. J. (Ethel)	Treatment Records Clerk	Edmonton
BERGERON, Edward A., Member CASW	Counsellor	Edmonton
BLISS, J. Donald M., M.S.W.	Supervisor of Treatment	Calgary
CARSON, G. Donald, M.D.	Psychiatric Consultant	Edmonton
CUTHBERTSON, Miss Effie	Counsellor	Edmonton
EDMUNDS, Miss Yvonne	Receptionist-Secretary	Calgary
FRASER, Allon W., M.A.	Director of Treatment	Edmonton
FULLERTON, John G.	Secretary-Treasurer	Edmonton
HANLEY, F.W., M.D.	Psychiatric Consultant	Calgary
HOWELL, Mrs. J. (Joan), Member CASW	Counsellor	Edmonton
LEWIS, Mrs. O.T. (Hanna), B.A., B.Ed.	Educational Director	Edmonton
LOCKHART, Miss Cleo	Secretary	Edmonton
MCGUIRE, Miss Catherine, B.A.	Counsellor	Calgary
MICKELSON, Miss Bryna	Receptionist-Secretary	Edmonton
NATION, E.W., M.D.	Physician	Calgary
PAGAN, Mrs. D. (Dorothy), R.N.	Nurse	Edmonton
SASEWICH, Miss Victoria	Secretary	Edmonton
SIMS, Mrs. V.L. (Lillian)	Secretary	Edmonton
SMART, Hugh	Counsellor	Calgary
SOPER, Mrs. R. (Elizabeth), R.N.	Nurse	Calgary
STEPHENSON, Gordon, B.A.	Counsellor	Calgary
STITH, Miss Doreen	Secretary to the Director	Edmonton
STRACHAN, J. George	Executive Director	Edmonton
WILBY, W. Ernest, M.A.	Research Associate	Edmonton

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